

South Dakota Board of Nursing
South Dakota Department of Health
4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115
(605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel Application for Curriculum Change for an Approved Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

Name of Institution: Tenkins Liv	ina (	Center		
Name of Primary Instructor: Gloria Ristvedt, RN				
Address: 215 S. Maple St.				
Watertown, SD 57201				
Phone Number: 605-886-5777 Fax Number: 605-886-07.90				
E-mail Address of Faculty: aloria@ jenkinslivingcenter. com				
3 33				
Request to use the following approved cur selected curriculum. Each program is exp	riculum(s) pected to re	); submit a comp etain program reco	leted Curriculum Appl ords using the Enrolle	ication Form for each
2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)				
Mosby's Texbook for Medication Assistants, Sorrentino & Remmert (2009)				
☐ Nebraska Health Care Association (2010) (NHCA)				
★ We Care Online				
2. List faculty and licensure information: For	new RN fa	culty, attach resu	me/work history with	evidence of minimum 2 years
clinical RN experience.			PARKETALA,	
RN FACULTY/INSTRUCTOR NAME(S)	State	Number	RN LICENSE Expiration Date	Vovification
	State	Number	Expiration Date	Verification (Completed by SDBON)
Gloria Ristvedt	SD	R011362	12/13/13	dean
Barb Olson	SD	R026156	4/10/13	or an
Marcia Leemhuis	50	R020815	6/7/13	of an
Shawn Gilman	SD	R026326	10/1/12	of gw
Alleria Ditta 14 au				
RN Faculty Signature: MINIA Ristordt, RN Date: 3/16/12				
		<del></del>		
This section to be completed by the South Da	kota Boar	d of Nursing		
Date Application Received: 64/09/2012		Date Notice Sent to Institution: 04/13/2012		
Date Application Approved: 04/13/2012		Date Application Denied:		
Expiration Date of Approval: 04/30/2014		Reason:		
Board Representative:				, t.